MISSOURI DIVISION OF HEALTH -- STANDARD CERTIFICATE OF DEATH Primary Registration District No. 3036 Registration District No. DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before . COUNTY Jackson a. STATE IOWA b. COUNTY VS 300 admission) AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits TOWN Independence Lamoni TOWN Yes 🔲 No 🚾 12005 c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give location) Reside on Farm DATE. HOSPITAL OR ADDRESS Independence Hospital Yes 🗋 No 🗌 Yes 🚾 No 📋 28140 3. NAME OF DECEASED First Middle Last DATE Day Year 3 (Type or print) OF DEATH William Н April 24 1962 Thomas 0 9. AGE (last birthday) | IF UNDER 1 YEAR IF UNDER 24 HR 6. COLOR OR RACE 7. Married 🗹 Never Married [8. DATE OF BIRTH 5. SEX Months Days Hours White Male Widowed \(\bar{\cap}\) Divorced [11-15-1891 5 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY Post Office & Farmer Post Office & Farmer Burlington Iowa ·USA 13a, FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 7 Eva Wilson Harrison Thomas May Thomas 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes no, or unknown) (If yes, give war or dates of servi May Thomas Lamoni Iowa 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN DOCUMENT ONSET AND DEATH 10 Ω IMMEDIATE CAUSE (a) Carcinomatosis of peritoneum months P 11 NSTEAD DUE TO (b) Primary site undetermined Conditions, if any, which gave rise to above cause (a), stating the under-DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal deceased was CERTIFICATION disease condition given in PART I (a) there a pregnancy in last 90 days. □ No □ Unknown AMENDMENT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE PERFORMED? YES | NO SE 20c. TIME OF Month, Day, Year Houl RIBBON INJURY a.m. MED p.m. USE BLACK INK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY 20d. INJURY OCCURRED STATE WHILE AT WORK | farm, factory, street, office bldg., etc.) YPEWRITER SHOULD READ 4/24/62 and last saw him alive on 4/24/62 21. I attended the deceased from Pem on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at 10901 Winner Rd. 22c. DATE SIGNED ď 22a, SIGNATURE Varice Independence. Mo. AFFIDAVIT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23b. DATE 23a, BURIAL, CREMATION, Ö. REMOVAL (Specify) Lamoni Cemetery Lamoni Iowa 4-25-1962 Remôval 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE ITEM 24. FUNERAL DIRECTOR ADDRESS Stewart (Funeral Home Lamonic Towner

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
Student Embelmen No. 649
or by Non No. 679
working under mynpersonal supervision.
Work of a state of the
Student Signature of Student Embalmer Signet
(/ / / / / / / / / / / / / / / / / / /
Licensed Embalmer No.
Les Les Marie
P. O. Addre
\cdot

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign' in his OWN handwriting. •

If this body is not embalmed, fact should be so stated above.